

Fill in this information to identify the case and this filing:

Debtor Name Curae Health, Inc.
United States Bankruptcy Court for the: Middle District of TN
(State)
Case number (if known): 18-05665

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/21/2018
MM / DD / YYYY

x 
Signature of individual signing on behalf of debtor

Stephen Clapp

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name _____

United States Bankruptcy Court for the: _____ District of _____
(State)

Case number (if known): _____

☐ Check if this is an
amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property****12/15**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☐ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's
interest****2. Cash on hand**

\$ _____

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1. _____ \$ _____

3.2. _____ \$ _____

4. Other cash equivalents (Identify all)

4.1. _____ \$ _____

4.2. _____ \$ _____

5. Total of Part 1

\$ _____

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☐ Yes. Fill in the information below.

**Current value of
debtor's interest****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. _____ \$ _____

7.2. _____ \$ _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☐ Yes. Fill in the information below.**Current value of debtor's
interest****11. Accounts receivable**11a. 90 days old or less: _____ - _____ = →
face amount doubtful or uncollectible accounts \$ _____11b. Over 90 days old: _____ - _____ = →
face amount doubtful or uncollectible accounts \$ _____**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ _____

Part 4: Investments**13. Does the debtor own any investments?**☐ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method
used for current value****Current value of debtor's
interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses,
including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable
instruments not included in Part 1**

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Part 5:
Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
	MM / DD / YYYY	\$		\$
20. Work in progress				
	MM / DD / YYYY	\$		\$
21. Finished goods, including goods held for resale				
	MM / DD / YYYY	\$		\$
22. Other inventory or supplies				
	MM / DD / YYYY	\$		\$
23. Total of Part 5				\$

Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes. Book value Valuation method Current value

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 6:
Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☐ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
	\$		\$
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)			
	\$		\$
31. Farm and fishing supplies, chemicals, and feed			
	\$		\$
32. Other farming and fishing-related property not already listed in Part 6			
	\$		\$

33. **Total of Part 6.**
Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. **Is the debtor a member of an agricultural cooperative?**

☐ No
☐ Yes. Is any of the debtor's property stored at the cooperative?

☐ No
☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

☐ No
☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

☐ No
☐ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

☐ No
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

☐ No. Go to Part 8.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture _____	\$ _____	_____	\$ _____
40. Office fixtures _____	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software _____	\$ _____	_____	\$ _____
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86.

\$ _____

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☐ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☐ No
☐ Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	---	--	---------------------------------------

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

_____	\$ _____	_____	\$ _____
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51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	\$ _____	_____	\$ _____
55.2 _____	_____	\$ _____	_____	\$ _____
55.3 _____	_____	\$ _____	_____	\$ _____
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets _____	\$ _____	_____	\$ _____
61. Internet domain names and websites _____	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties _____	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations _____	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property _____	\$ _____	_____	\$ _____
65. Goodwill _____	\$ _____	_____	\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ _____

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☐ Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

_____ — _____ = ➔ \$ _____
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____ Tax year _____ \$ _____
_____ Tax year _____ \$ _____
_____ Tax year _____ \$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ _____	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ _____	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ _____	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ _____	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ _____	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ _____	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ _____	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ _____	
88. Real property. <i>Copy line 56, Part 9.</i> ➔		\$ _____
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ _____	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ _____	
91. Total. Add lines 80 through 90 for each column..... 91a.	\$ _____	+ 91b. \$ _____
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ _____

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
NASHVILLE DIVISION**

In re:)	
)	Chapter 11
Curae Health, Inc., <i>et al.</i> ¹)	Case No. 18-05665
)	
1721 Midpark Road, Suite B200)	Judge Walker
Knoxville, TN 37921)	
Debtors.)	Jointly Administered

Attachments for Curae Health Inc.

Part 1.3

Name of Institution	Type of Account	Last 4 Digits	Current Value
ServisFirst	Curae Operating Account	2737	\$ 878,533
ServisFirst	Payroll	2752	\$ 386
Regions Bank	NW AL Real Estate	8218	\$ 122,648
ServisFirst	USDA Reserve	1020	\$ 3,877
ServisFirst	Collateral	2745	\$ 949,302
ServisFirst	Foundation	1726	\$ 14,800

Part 2.7

Description	Amount
MidPark Rd Security Deposit	\$ 5,176
CHCT Security Deposit - AL MOB's	\$ 140,997
CHCT Security Deposit - Amory, MS MOB	\$ 20,616
CHCT Security Deposit - Amory, MS MOB	\$ 32,444
CHCT Security Deposit - Amory, MS MOB	\$ 11,566
CHCT Security Deposit - Amory, MS MOB	\$ 3,950
CHCT Security Deposit - Batesville, MS MOB	\$ 10,833
CHCT Security Deposit - Amory, MS MOB	\$ 21,137

¹ The Debtors in these chapter 11 cases, along with the last four digits of each Debtor's federal tax identification number, are Curae Health, Inc. (5638); Amory Regional Medical Center, Inc. (2640); Batesville Regional Medical Center, Inc. (7929); and Clarksdale Regional Medical Center, Inc. (4755); Amory Regional Physicians, LLC (5044); Batesville Regional Physicians, LLC (4952); Clarksdale Regional Physicians, LLC (5311).

Part 2.8

Description	Amount
USI Insurance Services GL/PL/D&O/Umbrella Ins.	\$ 145,422
AFCO GL/PL/D&O/Umbrella Ins.	\$ 344,141
MagMutual Workers Comp	\$ (71,554)
Cate-Russell Insurance Property Ins	\$ 70,000
Polsinelli Retainer	\$ 100,000
GlassRatner Retainer	\$ 50,000
BMC Group Retainer	\$ 5,000

Part 4.15

Name of Entity	% of Ownership	Valuation Method	Current Value
Amory Regional Medical Center, Inc.	100%		Unknown
Batesville Regional Medical Center, Inc.	100%		Unknown
Clarksdale Regional Medical Center, Inc.	100%		Unknown
Russellville Hospital, Inc.	100%		Unknown

Fill in this information to identify the case:

Debtor name _____
United States Bankruptcy Court for the: _____ District of _____
(State)
Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☐ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's name**Describe debtor's property that is subject to a lien**

\$ _____ \$ 68,838,118

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**

- ☐ No
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

Describe the lien**Is the creditor an insider or related party?**

- ☐ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.2 Creditor's name**Describe debtor's property that is subject to a lien**

\$ _____ \$ 68,838,118

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**

- ☐ No
☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines _____

Describe the lien**Is the creditor an insider or related party?**

- ☐ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

55,435,195.66
\$ _____

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Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.3	Creditor's name Midcap Funding IV Trust	Describe debtor's property that is subject to a lien \$20,617,124
	Creditor's mailing address _____ _____	Describe the lien _____
	Creditor's email address, if known _____	Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Date debt was incurred _____ Last 4 digits of account number _____	Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed

2.4	Creditor's name _____	Describe debtor's property that is subject to a lien \$86,171,532
	Creditor's mailing address _____ _____	Describe the lien _____
	Creditor's email address, if known _____	Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Date debt was incurred _____ Last 4 digits of account number _____	Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.3</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed

Fill in this information to identify the case:

Debtor name Curae Health, Inc.

United States Bankruptcy Court for the: Middle District of Tennessee
(State)

Case number (If known): 18-05665

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims?

- ☒ No. Go to Part 2
☐ Yes

Total Claim Priority Amount

2. I	Priority creditor's name and mailing address	As of the petition filing date, the claim is:
		Check all that apply.
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	Is the claim subject to offset?
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of Claim

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$180,016.10
s1369	3M HEALTH INFORMATION SYSTEMS BRIAN MURDOCK 575 WEST MURRAY BOULEVARD MURRAY, UT 84123-4611	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$110,295.70
s1370	BAKER DONELSON BEATRICE RYAN SUITE 800, 211 COMMERCE ST. NASHVILLE, TN 37201	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$462.25
s1371	BRANDON ROBBINS ADDRESS UNAVAILABLE AT TIME OF FILING	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE REIMBURSEMENT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.4	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,174.00
s1372	BRIGHTREE LLC LISA CASSIDY 1735 NORTH BROWN ROAD, SUITE 500 LAWRENCEVILLE, GA 30043	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of Claim

3.5	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$32,778.62
s1373	CDW GOVERNMENT, INC. CAYLA ROON 75 REMITTANCE DR SUITE 1515 CHICAGO, IL 60675-1515	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$13,003.83
s1374	CHANGE HEALTHCARE SOLUTIONS, LLC ZULMA RIVERA 3055 LEBANON PIKE SUITE 1000 NASHVILLE, TN 37214	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.7	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$75,540.69
s1375	CHCT MISSISSIPPI, LLC SUITE 150, 3326 ASPEN GROVE DR FRANKLIN, TN 37067	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$561,573.64
s1376	CHS DBA/SHARED SERVICES CENTER-FT SMITH SHAUN BEGGS 4600 TOWSON AVE SUITE 136 FORT SMITH, AR 72901	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of Claim

3.9	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$225.31
s1377	COMCAST BUSINESS PO BOX 37601 PHILADELPHIA, PA 19101-0601	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,282.00
s1378	COMOS FACILITY SUPPORT, INC. MIKE HOPKINS 815 NORTH HERRON KNOXVILLE, TN 37950-2282	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$456.00
s1400	CSC PO BOX 13397 PHILADELPHIA, PA 19101-3397	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.12	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$18,091.00
s1379	ECLINICAL WORKS LLC LORETTA GALLIGAN TWO TECHNOLOGY DR WESTBOROUGH, MA 01581	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of Claim

3.13	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$311,251.96
s1380	EGERTON MCAFEE ARMISTEAD & DAVIS P C KATY HUMPHREY 900 SOUTH GAY ST. SUITE 1400 KNOXVILLE, TN 37902	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,662.50
s1381	EPSTEIN BECKER GREEN, P C TRAVIS LLOYD ONE GATEWAY CENTER 13TH FLOOR NEWARK, NJ 07102-5311	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$42,500.00
s1382	EXPERIAN HEALTH, INC. ADDRESS UNAVAILABLE AT TIME OF FILING	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,520.00
s1383	FLEXENTIAL ADDRESS UNAVAILABLE AT TIME OF FILING	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of Claim

3.17	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,195.00
s1384	HEALTHCARE FINANCIAL MANAGEMENT ASSOC 3 WESTBROOK CORPORATE CENTER SUITE 600 WESTCHESTER, IL 60154	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$38,154.15
s1385	HORNE LLP DEPT# 40263 PO BOX 740209 ATLANTA, GA 30374-0209	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.19	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$570.00
s1386	IN10SITY INTERACTIVE, LLC LANA RINKER 14488 OLD STAGE RD LENOIR CITY, TN 37772	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.20	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$334.50
s1401	J & F MECHANICAL, INC. 4589 RUTLEDGE PIKE RUTLEDGE, TN 37861	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of Claim

3.21	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$7,410.00
s1387	KRONOS DARIEN BOND 900 CHELMSFORD ST. LOWELL, MA 01851	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.22	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$92,139.99
s1388	MEDHOST TARA MAULDIN 6550 CAROTHERS PARKWAY, STE 160 FRANKLIN, TN 37067	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.23	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$7,200.00
s1389	MEDITRACT EVAN BRUNS 736 MARKET STREET SUITE 1100 CHATTANOOGA, TN 37402	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.24	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,881.21
s1390	MILLIMAN ADDRESS UNAVAILABLE AT TIME OF FILING	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of Claim

3.25	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$64,651.89
s1391	MUTUAL OF OMAHA LACEY LAGONI PAYMENT PROCESSING CENTER PO BOX 2147 OMAHA, NE 68103-2147	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.26	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$612.15
s1392	POLESTAR BENEFITS INC. ADDRESS UNAVAILABLE AT TIME OF FILING	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.27	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$6,037.55
s1393	REHAB RESOURCES & CONSULTING INC. ADDRESS UNAVAILABLE AT TIME OF FILING	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.28	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,787.99
s1394	RING CENTRAL REGINE DELA CRUZ; RINGCENTRAL INC. DEPT CH 19585 PALATINE, IL 60055-9585	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of Claim

3.29	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$770.68
s1395	STAPLES BUSINESS ADVANTAGE ADDRESS UNAVAILABLE AT TIME OF FILING	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.30	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$625.00
s1396	THE SSI GROUP, LLC ADDRESS UNAVAILABLE AT TIME OF FILING	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.31	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$497.29
s1397	THE USF GROUP, INC. ADDRESS UNAVAILABLE AT TIME OF FILING	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.32	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,512.63
s1398	VAR TECHNOLOGY FINANCE 2330 INTERSTATE 30 MESQUITE, TX 75150	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		As of the petition filing date, the claim is:	Amount of Claim
3.33	Nonpriority creditor's name and mailing address		\$5,445.74
s1399	YOUR CARE UNIVERSE INC TARA MAULDIN 6550 CAROTHERS PARKWAY SUITE 160 FRANKLIN, TN 37067	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: TRADE DEBT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 3: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for claims already listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 or Part 2 did you enter the related creditor?	Last 4 digits of account number for this entity
BAKER DONELSON BEARMAN CALDWELL & BERKOWITZ PC TIMOTHY M. LUPINACCI 420 20TH STREET NORTH, SUITE 1400, BIRMINGHAM, AL 35203	s1375	
BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ, PC ERNO D. LINDNER, JUSTIN SVEADAS 633 CHESTNUT STREET, SUITE 1900 CHATTANOOGA, TN 37450	s1375	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of Claim Amounts

5a. Total Claims from Part 1

5a.

\$0.00

5b. Total Claims from Part 2

5b.

+

\$1,589,659.37

5c. Total of Parts 1 and 2

5c.

\$1,589,659.37

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name Curae Health, Inc.

United States Bankruptcy Court for the: Nashville

District of Tennessee

(State of)

Case Number (if known): 18-05665

Chapter 11

☐ Check if this is an amended filing

Official Form 206G

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules.

☒ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2. 1 State what the contract or lease is for and the nature of the debtor's interest SERVICE AGREEMENT

3M
575 WEST MURRAY BLVD
MURRAY, UT 84123-4611

State the term remaining EXPIRES 5/21/2021

List the contract number of any government contract _____

2. 2 State what the contract or lease is for and the nature of the debtor's interest SERVICE AGREEMENT

ABBOTT LABORATORIES
100 CUMMINGS CENTER DR
BEVERLY, MA 01915

State the term remaining EXPIRES 7/23/2023

List the contract number of any government contract _____

2. 3 State what the contract or lease is for and the nature of the debtor's interest EQUIPMENT LEASE
FILTERED WATER SYSTEM

AQUAPURE WATER SYSTEMS, LLC
PO BOX 5810
HUNTSVILLE, AL 35814

State the term remaining MONTH-TO-MONTH

List the contract number of any government contract _____

2. 4 State what the contract or lease is for and the nature of the debtor's interest SERVICE AGREEMENT

ATHENA
311 ARSENAL ST
WATERTOWN, MA 02472

State the term remaining _____

List the contract number of any government contract _____

2. 5 State what the contract or lease is for and the nature of the debtor's interest BENEFIT CONTRACT

BLUECROSS BLUESHIELD
1 CAMERON HILL CIRCLE
CHATTANOOGA, TN 37402

State the term remaining EXPIRES 3/31/2019

List the contract number of any government contract _____

Name

Additional Page if Debtor Has More Executory Contracts or Unexpired Lease**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- | | | | |
|-------|---|---|---|
| 2. 6 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>SERVICE AGREEMENT</p> <hr/> <hr/> <hr/> | <p>CHANGE HEALTHCARE SOLUTIONS, LLC
ZULMA RIVERA
3055 LEBANON PIKE
SUITE 1000
NASHVILLE, TN 37214</p> |
| 2. 7 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>BENEFIT CONTRACT</p> <hr/> <hr/> <hr/> | <p>DELTA DENTAL
240 VENTURE CIRCLE
NASHVILLE, TN 37228</p> |
| 2. 8 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>SERVICE AGREEMENT</p> <hr/> <p>EXPIRES 6/26/2021</p> <hr/> <hr/> | <p>EXPERIAN PASSPORT
720 COOL SPRINGS BLVD SUITE 200
FRANKLIN, TN 37067</p> |
| 2. 9 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>BENEFIT CONTRACT</p> <hr/> <hr/> <hr/> | <p>EYEMED
4000 LUXOTTICA PLACE
MASON, OH 45040</p> |
| 2. 10 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>BENEFIT CONTRACT</p> <hr/> <hr/> <hr/> | <p>GIS
917 CHAPIN ROAD
CHAPIN, SC 29036</p> |
| 2. 11 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>BENEFIT CONTRACT</p> <hr/> <p>EXPIRES 8/31/2020</p> <hr/> <hr/> | <p>HEALTHSTREAM
209 10TH AVENUE SOUTH SUITE 450
NASHVILLE, TN 37203</p> |

Name

Additional Page if Debtor Has More Executory Contracts or Unexpired Lease**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2. 12	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SERVICE AGREEMENT 	HEALTHTRUST 1100 CHARLOTTE AVE SUITE 1100 NASHVILLE, TN 37203
2. 13	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SERVICE AGREEMENT 	HS2 4115 NORTH RAVENSWOOD SUITE 101 CHICAGO, IL 60613
2. 14	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SERVICE AGREEMENT EXPIRES 3/22/2019	IN10SITY 14488 OLD STAGE RD LENIOR CITY, TN 37772
2. 15	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	OFFICE EQUIPMENT LEASE KRONOS BADGE READER - FACILITIES EXPIRES NOVEMBER 2020	INTERNATIONAL FINANCE SERVICES 1113 MILWAUKEE AVENUE SUITE 301 LIBERTYVILLE, IL 60048
2. 16	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SERVICE AGREEMENT EVERGREEN	INTERQUAL 5995 WINDWARD PARKWAY ALPHARETTA, GA 30005
2. 17	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SERVICE AGREEMENT 	KRONOS PO BOX 743208 ATLANTA, GA 30374-3208

Name

Additional Page if Debtor Has More Executory Contracts or Unexpired Lease**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2. 18	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BENEFIT CONTRACT</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>LBMC</p> <p>5250 VIRGINIA WAY</p> <p>BRENTWOOD, TN 37027</p>
2. 19	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT</p> <p>_____</p> <p>EVERGREEN</p> <p>_____</p> <p>_____</p>	<p>MCKESSON</p> <p>5995 WINDWARD PARKWAY</p> <p>ALPHARETTA, GA 30005</p>
2. 20	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT</p> <p>_____</p> <p>EXPIRES 7/7/2020</p> <p>_____</p> <p>_____</p>	<p>MEDHOST</p> <p>6550 CAROTHERS PARKWAY SUITE 100</p> <p>FRANKLIN, TN 37067</p>
2. 21	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT</p> <p>_____</p> <p>EXPIRES 1/18/2021</p> <p>_____</p> <p>_____</p>	<p>MEDICAL INTERACTIVE</p> <p>1 GALLERIA BLVD #700</p> <p>METairie, LA 70001</p>
2. 22	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT</p> <p>_____</p> <p>EXPIRES 6/30/2021</p> <p>_____</p> <p>_____</p>	<p>MEDITRACT</p> <p>736 MARKET ST SUITE 1100</p> <p>CHATTANOOGA, TN 37402</p>
2. 23	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT</p> <p>_____</p> <p>EXPIRES 7/10/2019</p> <p>_____</p> <p>_____</p>	<p>MICROSOFT</p> <p>PO BOX 842103</p> <p>DALLAS, TX 75284</p>

Name

Additional Page if Debtor Has More Executory Contracts or Unexpired Lease**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2. 24	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE CORPORATE OFFICE RENT EXPIRES DECEMBER 2020	MIDPARK KNOXVILLE, LLC C/O EMERSONS COMMERCIAL MGMT 17776 PRESTON RD, STE 10 DALLAS, TX 75252
2. 25	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	BENEFIT CONTRACT	MILLIMAN 1301 FIFTH AVENUE SUITE 3800 SEATTLE, WA 98101
2. 26	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	BENEFIT CONTRACT	MUTUAL OF OMAHA MUTUAL OF OMAHA PLAZA OMAHA, NE 68175
2. 27	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	BENEFIT CONTRACT	OPTUM360 11000 OPTUM CIRCLE EDEN PRAIRIE, MN 55344
2. 28	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	BENEFIT CONTRACT	PASCAL METRICS 1025 THOMAS JEFFERSON STREET NW SUITE EAST WASHINGTON, DC 20007
2. 29	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SERVICE AGREEMENT EXPIRES 5/1/2023	PHARMACY ONESOURCE / WOLTERS KLUWER 525 JUNCTION ROAD SUITE 5000 MADISON, WI 53717

Name

Additional Page if Debtor Has More Executory Contracts or Unexpired Lease**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2. 30	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	OFFICE EQUIPMENT LEASE POSTAGE MACHINE EXPIRES MARCH 2020	PITNEY BOWES 2225 AMERICAN DRIVE NENNAH, WI 54956
2. 31	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	BENEFIT CONTRACT	POLESTAR 412 JEFFERSON PKWY SUITE 202 LAKE OSWEGO, OR 97035
2. 32	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SERVICE AGREEMENT EXPIRES 5/1/2023	SENTRI7 525 JUNCTION ROAD SUITE 5000 MADISON, WI 53717
2. 33	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SERVICE AGREEMENT	SIRIUS COMPUTER SOLUTIONS / NUTANIX 10100 REUNION PLACE SUITE 500 SAN ANTONIO, TX 78216
2. 34	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	BENEFIT CONTRACT	SUN LIFE PO BOX 7247-7184 PHILADELPHIA, PA 19170
2. 35	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	BENEFIT CONTRACT	THOMAS AND COMPANY ONE VANTAGE WAY SUITE A-105 NASHVILLE, TN 37228

Name

Additional Page if Debtor Has More Executory Contracts or Unexpired Lease**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2. 36	State what the contract or lease is for and the nature of the debtor's interest	BENEFIT CONTRACT	TIS PO BOX 10328 KNOXVILLE, TN 37939
	State the term remaining		
	List the contract number of any government contract		
2. 37	State what the contract or lease is for and the nature of the debtor's interest	SERVICE AGREEMENT	TRINISYS 750 OLD HICKORY BLVD NASHVILLE, TN 37027
	State the term remaining	EXPIRES 7/27/2019	
	List the contract number of any government contract		
2. 38	State what the contract or lease is for and the nature of the debtor's interest	OFFICE EQUIPMENT LEASE NUTANIX SERVER - CORPORATE	VAR TECHNOLOGY FINANCE PO BOX 790448 ST. LOUIS, MO 63179
	State the term remaining	EXPIRES SEPTEMBER 2020	
	List the contract number of any government contract		
2. 39	State what the contract or lease is for and the nature of the debtor's interest	SERVICE AGREEMENT	YOURCAREUNIVERSE 6550 CAROTHERS PARKWAY SUITE 100 FRANKLIN, TN 37067
	State the term remaining	EXPIRES 4/30/2022	
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name _____

United States Bankruptcy Court for the: _____ District of _____
(State)

Case number (If known): _____

☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Does the debtor have any codebtors?**

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 Amory Regional Medical Center, Inc.	Street _____ _____ City _____ State _____ ZIP Code _____	Community Health Systems, Inc.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Amory Regional Medical Center, Inc.	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Batesville Regional Medical Center, Inc.	Street _____ _____ City _____ State _____ ZIP Code _____	Community Health Systems, Inc.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Batesville Regional Medical Center, Inc.	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 Clarksdale Regional Medical Center, Inc.	Street _____ _____ City _____ State _____ ZIP Code _____	Community Health Systems, Inc.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 Clarksdale Regional Medical Center, Inc.	Street _____ _____ City _____ State _____ ZIP Code _____	ServisFirst Bank	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.7 Amory Regional Medical Center, Inc.	_____ Street _____ City State ZIP Code	MidCap Funding IV Trust	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.8 Batesville Regional Medical Center, Inc.	_____ Street _____ City State ZIP Code	MidCap Funding IV Trust	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.9 Clarksdale Regional Medical Center, Inc.	_____ Street _____ City State ZIP Code	MidCap Funding IV Trust	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.10 Amory Regional Physicians, LLC	_____ Street _____ City State ZIP Code	MidCap Funding IV Trust	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.11 Batesville Regional Physicians, LLC	_____ Street _____ City State ZIP Code	MidCap Funding IV Trust	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.12 Clarksdale Regional Physicians, LLC	_____ Street _____ City State ZIP Code	MidCap Funding IV Trust	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	